T E X A S Immunizations



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Immunizing Young Texans: TDH Priorities

Bureau of Immunization and Pharmacy Support

ISSUE:

2001 National Immunization Survey (NIS) data ranks Texas 42nd among states at 74.9 percent coverage for the 4:3:1 vaccine series (four doses of diphtheria-tetanus-pertussis vaccine [DTP/DTaP], three doses of poliovirus vaccine, and one dose of a measles-containing vaccine) for 19-month-old through 35-month-old children. Except for 1995, when Texas matched the national level of 76 percent, our state has always ranked lower than the national average for children ages 19 months

through 35 months. Raising immunization levels for Texas children as well as assuring appropriate adult immunizations is one of the highest priority for the Texas Department of Health (TDH). TDH is committed to building lasting public/private partnerships to improve immunization levels.

To raise immunization levels in Texas, parents and providers must understand the benefits of timely administration of recommended childhood vaccines. Access to immunization services must be simple for both providers and parents, and TDH must assure that accurate and useful data on immunization levels in Texas are available to its partners. To assure a coordinated effort, TDH has defined its three top priorities for the coming year.

TDH Priorities for 2003-2004 are:

- Simplify access to TDH immunization resources for providers, parents, and eligible adults.
- Improve the utility of ImmTrac, the Texas Immunization Registry.
- Effectively communicate a consistent pro-vaccine message that supports appropriate vaccination for children and adults.

CURRENT ACTIVITIES:

TDH is focusing on system improvements to minimize bureaucracy, paperwork, and confusion about how to access TDH funded services. Working with stakeholder groups, such as physicians and other providers, TDH is improving its systems to assure that they meet customer needs. The agency is conducting internal reviews of its immunization activities to assure efficient and effective use of limited resources. TDH has identified federal funds to develop media messages that will encourage providers and parents to access vaccine services for the children in their care.

HOW CAN OUR PARTNERS HELP:

- Collaborate with TDH on efforts to educate providers, parents, and community leaders about the benefits of vaccines.
- Support local immunization coalitions.
- ➤ Help TDH to clearly define customer needs as it examines its processes and systems.
- ➤ Initiate local outreach activities that maintain and enhance local awareness of the importance of immunizations.

For more information, contact Casey S. Blass, Acting Chief, Bureau of Immunization and Pharmacy Support, at casey.blass@tdh.state.tx.us or at (512) 458-7284.

Importance of Vaccines

Bureau of Immunization and Pharmacy Support

TOPIC - VACCINES WORK:

Vaccines are one of the greatest public health achievements in the past 100 years. Vaccines prevent death, sickness, and disabilities.

BACKGROUND:

Texas consistently ranks lower than the national average in age-appropriate immunization coverage levels for children younger than 2 years of age. We know that disease prevention is the key to public health. If vaccinations were to stop, epidemics of diseases that are under control today would occur, more children and adults would get sick, and more would die.

- ➤ Vaccines are responsible for the control of many infectious diseases that were once common in this country, including polio, measles, diphtheria, pertussis (whooping cough), rubella (German measles), mumps, tetanus, hepatitis B, hepatitis A, influenza, and *Haemophilus influenzae* type b (Hib).
- ➤ It is always preferable to prevent a disease than to treat it.
- ➤ Vaccines prevent disease in the people who receive them and protect those who come into contact with unvaccinated individuals.
- Vaccines help prevent infectious diseases and save lives.

CURRENT SITUATION:

- ➤ Texas ranks 42nd among the 50 states in coverage for the 4:3:1 series (four diphtheria-tetanus-pertussis vaccinations, three polio vaccinations, one measles-containing vaccination) in children 19 through 35 months of age.
- ➤ Estimated vaccination coverage for the Texas 4:3:1 series is 75 percent. The national average is 79 percent.
- ➤ ImmTrac, the statewide immunization registry, does not capture all vaccination records in Texas due to current legislative and rules restrictions.

- ➤ The Texas Vaccines for Children Program (TVFC) conducts clinic assessments in all enrolled clinic sites so that each clinic will know what its 4:3:1 coverage level is.
- ➤ The TVFC Provider Tool Kit has been distributed to enrolled clinic sites to inform providers about the TVFC program and other immunization-related activities.
- ➤ Pertussis cases have increased in recent years. Since 2000, there have been 10 infant deaths in Texas caused by pertussis.
- ➤ Pneumonia and influenza were the seventh leading causes of death for Texans in 2001.
- ➤ In 2001, only 58 percent of Texans 65 years old and older had ever received a pneumonia vaccine.

RECOMMENDATIONS:

- ➤ Participate in national, state, and local efforts to raise awareness about the importance of increasing immunization coverage levels.
- ➤ Develop statewide campaigns to promote childhood and adult vaccines.
- Get involved in community coalitions and develop new partnerships in high-priority communities.
- ➤ Reduce restrictions to encourage health plans to send and receive immunization information to and from ImmTrac.
- ➤ Inform parents on the importance of age-appropriate immunization and recordkeeping, including use of ImmTrac.
- ➤ Evaluate the impact of requiring five doses of DTaP vaccine for children enrolling in schools and Texas child-care facilities.
- Secure funding to purchase vaccines for Texans who cannot afford them.

For additional information, contact Casey S. Blass, Acting Chief, Bureau of Immunization and Pharmacy Support, at casey.blass@tdh.state.tx.us or at (512) 458-7284.

Simplifying The Immunization Program: One-Tiered Vaccine System

Bureau of Immunization and Pharmacy Support

ISSUE:

Because of funding constraints, Texas now has a "two-tiered" vaccine system that is a burden to providers and parents who rely on publicly funded vaccines for children.

BACKGROUND:

Vaccines purchased by the Texas Department of Health's Immunization Division are funded through a combination of federal grant funds and general revenue; the program is called the Texas Vaccines for Children (TVFC) program.

The federal Vaccines for Children (VFC) program is an entitlement program that provides vaccines for administration to children through 18 years of age who are enrolled in Medicaid, have no health insurance, are underinsured, or who are Alaskan Native or American Indian. Underinsured children can be vaccinated in the VFC only if they present for services at a federally qualified health center (FQHC) or at a rural health center (RHC.)

Texas general revenue funds are combined with federal dollars to pay the cost of vaccines in an attempt to ensure that underinsured children can be vaccinated by any provider whether or not the provider is a FQHC or a RHC.

TDH recruits physicians and other vaccine providers in Texas to enroll in the TVFC program. Enrolled TVFC providers are then furnished vaccines at no charge to vaccinate all children through 18 years of age regardless of their insurance status; this is referred to as a one-tiered vaccination system.

CURRENT SITUATION:

In 2000, a new vaccine was licensed for administration to infants to protect against invasive pneumococcal disease. This vaccine is referred to as the pneumococcal conjugate vaccine, or PCV-7. In 2003, a new vaccine has become available that allows providers to administer five different vaccines through just one injection. This is called a "pentavalent vaccine."

Although the PCV-7 vaccine is included in the federal Vaccines for Children (VFC) program, there are insufficient state funds to purchase the vaccine for the Texas Vaccines for Children (TVFC.) Because of this funding gap, TDH instituted a two-tiered vaccine system in 2001. That is, underinsured children cannot be vaccinated against invasive pnemococcal disease by all TVFC providers; these families must travel to a federally qualified health center (FQHC) or a rural health center (RHC), which may be hundreds of miles from their home, in order to receive this vaccine through the TVFC. A similar situation may develop if the pentavalent vaccine is included in the VFC.

Children who are eligible for the federal VFC can be vaccinated against pneumo-coccal disease by any TVFC provider, but children who are underinsured and rely on state funds to pay for their vaccines cannot. Future combination recommended vaccines will create the same problem.

OPTIONS:

Allocate general revenue funds in an amount sufficient to implement a single (one-tiered) system for all recommended vaccines.

Continue the two-tiered vaccine system in Texas.

For more information, contact Casey S. Blass, Acting Chief, Bureau of Immunization and Pharmacy Support, at casey.blass@tdh.state.tx.us or at (512) 458-7284.

Simplifying the Immunization Program: Reducing Administrative Burdens

Bureau of Immunization and Pharmacy Support

ISSUE:

Some Texas Vaccines for Children (TVFC) providers have expressed frustration and dissatisfaction over the amount of paperwork required by the TVFC. It has been suggested that TVFC paperwork may prevent some providers from enrolling in the program. Some providers perceive TVFC as the enforcement arm of the federal VFC program.

Some providers find it burdensome to determine the extent of their patients' insurance coverage and to assess eligibility for the TVFC.

BACKGROUND:

The federal Vaccines for Children (VFC) program is an entitlement program that provides vaccines for administration to children through 18 years of age who are enrolled in Medicaid, have no health insurance, are underinsured, or who are Alaskan Native or American Indian. Underinsured children can be vaccinated using federal VFC resources only if they present for services at a federally qualified health center (FQHC) or at a rural health center (RHC.)

Texas general revenue funds are combined with federal dollars to pay the cost of vaccines to ensure that underinsured children can be vaccinated by any provider whether or not the provider is a FQHC or a RHC. This combined program is called the Texas Vaccines for Children (TVFC) program.

Some providers feel that paperwork requirements are burdensome. The federal government mandates that specific information be collected to account for VFC expenditures. A vaccine accounting system must be used by the state that, at a minimum, documents vaccine usage and records refrigerator and freezer temperatures to assure vaccine quality and safety. TVFC does not impose additional requirements. The TVFC vaccine accounting system requires that providers submit three forms each month that document monthly vaccine usage, vaccine inventory, and refrigerator and freezer temperatures.

TDH ACTIVITIES TO DATE:

In the past two years, TDH has made progress in eliminating and streamlining paperwork. One entire page has been eliminated and all other forms have been streamlined to collect only the minimum data required to properly account for the vaccine and to meet federal and state auditing requirements. TDH is pursuing automation options to further reduce paperwork related to vaccine usage and inventory.

OPTIONS:

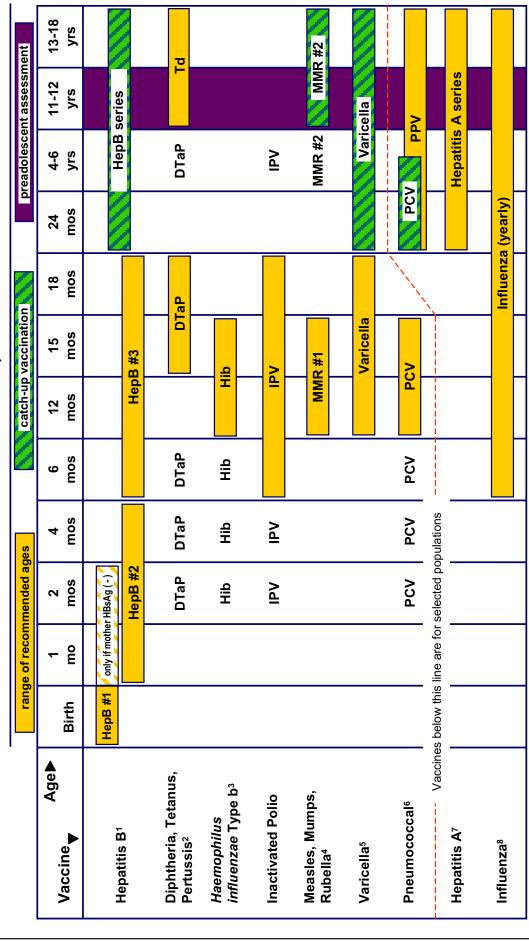
Support efforts for development of a single automated vaccine accounting system to reduce duplicate data entry and paperwork and provide medical record documentation for providers. Although options are limited because of federal requirements, any single system must have the capacity for billing Medicaid and other third-party payers.

List insurance coverage for vaccines on insurance cards to allow providers to easily determine eligibility for TVFC.

Support efforts to simplify TVFC enrollment among Medicaid, CHIP, and other providers.

For more information, contact Casey S. Blass, Acting Chief, Bureau of Immunization and Pharmacy Support, at casey.blass@tdh.state.tx.us or at (512) 458-7284.

Recommended Childhood and Adolescent Immunization Schedule -- United States, 2003



effort to administer those vaccines not previously given. Additional vaccines may be licensed and recommended during the year. Licensed combination vaccines may be used whenever any components of the combination are indicated and the vaccine's other components are not contraindicated. Providers should consult the manufacturers' This schedule indicates the recommended ages for routine administration of currently licensed childhood vaccines, as of December 1, 2002, for children through age 18 years. Any dose not given at the recommended age should be given at any subsequent visit when indicated and feasible. 💌 Indicates age groups that warrant special package inserts for detailed recommendations.